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FM AMCONSUL HO CHI MINH CITY
TO RUEHC/SECSTATE WASHDC IMMEDIATE 5814
INFO RUEHRC/DEPT OF AGRICULTURE WASHINGTON DC
RUEHPH/CDC ATLANTA GA PRIORITY 0006
RUEAUSA/DEPT OF HHS WASHINGTON DC
RUCNARF/ASEAN REGIONAL FORUM COLLECTIVE
RUEHHI/AMEMBASSY HANOI PRIORITY 3807
RUEHHM/AMCONSUL HO CHI MINH CITY PRIORITY 6050

UNCLAS SECTION 01 OF 02 HO CHI MINH CITY 000429

SENSITIVE
SIPDIS

STATE FOR EAP/MLS, USAID/ANE, EEB/TPP/BTA/ANA
USDOC FOR 4431/MAC/AP/OPB/VLC/HPPHO
CDC FOR COGH (SBLOUNT), CCID (SREDD) AND DIV-FLU (NCOX/AMOHEN)
HHS/OSSI/DSI PASS TO FIC/NIH (RGLASS) AND OGHA (DMILLER/MABDOO)

E.O. 12958: N/A

TAGS: [TBIO](#) [AMED](#) [EAGR](#) [ECON](#) [PINR](#) [KFLU](#) [VM](#)

SUBJECT: TFLU01: INTERNATIONAL OUTREACH POWERS HCMC H1N1 INFLUENZA A
DIAGNOSTICS EFFORT

REF: HCMC 338

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11. (SBU) Summary: HCMC's Tropical Disease Hospital (TDH) was the first in Vietnam to develop the capacity to identify the novel influenza A/H1N1 virus in humans. Instead of waiting for World Health Organization/Centers for Disease Control diagnostic kits, researchers at the TDH independently designed their own kits, and began screening in late April (sending specimens from suspect cases to international laboratories for confirmation). This put them some three weeks ahead of Hanoi's National Institutes of Hygiene and Epidemiology (NIHE), the sole WHO-designated National Influenza Center laboratory in Vietnam, and the only laboratory other than TDH currently with the capacity to make laboratory identifications of the new virus. The advanced capabilities and pro-active mind set of the TDH are a result of many years of international cooperation in health research, and the presence of ten international post-doctoral researchers. End Summary.

12. (SBU) Rapid and reliable virus subtype identification is critical for accurate diagnosis of human influenza infections, surveillance, and effective response to outbreaks. It is required to identify the novel influenza A/H1N1 strain of pandemic concern. The molecular biologic technique polymerase chain reaction (PCR) has become the international standard for virus subtype identification. The selectivity of the PCR for a particular virus subtype results from the use of specific primer molecules, which are short, custom-made strands of DNA. These primers are a component of the PCR influenza A H1N1 diagnostics kits that the U.S. Centers for Disease Control (CDC) are providing to the World Health Organization (WHO) for world-wide distribution. The molecular sequence necessary to design and synthesize primer molecules for the novel influenza A H1N1 virus were posted by CDC on publicly accessible websites in the third week of April.

Waiting for WHO?

13. (SBU) Using the publicly available data over the Internet, TDH's microbiology laboratory scientists designed the primers required to identify the H1N1 virus on April 20, ordered them from a commercial supplier in Singapore, and received them four days later, Deputy Director of HCMC's Tropical Disease Hospital (TDH) Dr. Tran Tinh Hien told EconOff. Shortly thereafter, the TDH began using the kits to test patients with influenza symptoms. Meanwhile, WHO-approved, CDC-provided primer kits

destined for Vietnam were delayed in shipping and transit and did not arrive at the Ministry of Health's (MOH) National Influenza Center lab in Hanoi until mid-May.

Years of Cooperation Pay Off

14. (SBU) Dr. Hien credited many years of international cooperation in health research, from early collaborative work on malaria, dengue fever and other tropical diseases, to later work on Highly Pathogenic Avian Influenza, for the TDH's high technical capability and the proactive mindset of its researchers. The TDH is the rare institution in Vietnam that hosts significant numbers of visiting foreign research scientists, ten of which are currently working in the TDH's labs according to Dr. Hien. The U.K.'s Wellcome Trust and the U.S. National Institutes of Health (NIH) have provided most of the TDH's infectious diseases research support, while academic collaboration has been primarily with Australian and British universities, according to Dr. Hien.

15. (SBU) Scientists at the MoH's National Influenza Center informed Embassy HHS staff in April that they had the capability to design their own primers for commercial production and procurement, but chose not to follow the TDH course. They preferred to wait for the WHO approved PCR diagnostic kits from CDC because they included protocols and "positive controls that allowed testing to be done by internationally accepted procedures." Other regional Ministry of Health laboratories in Vietnam are scheduled to receive diagnostic materials and training in the first week of June. The MoH laboratories, have, however had the ability throughout to identify unsubtypable influenza A strains as suspicious for the novel influenza A/H1N1 strain.

Comment:

16. (SBU) The TDH's cutting edge success in developing the

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diagnostic capability to identify novel influenza A/H1N1 demonstrates the value of international scientific cooperation, not only in providing technology transfer, but also in fostering forward-looking mindsets. Working side by side with foreign researchers, the TDH scientists developed a 'whatever it takes' mentality reminiscent of the ethos in academic and private laboratories in industrialized countries. Conversely, the approach of the MoH's National Influenza Center laboratory necessarily has taken a more conservative path, given its governmental role, and its public health responsibility to confirm cases. The pro-active, competitive mentality of the TDH's scientist will serve Vietnam well in both current and future health emergencies. End Comment.

17. (U) This cable was coordinated with Embassy Hanoi.
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